

SCIENTIFIC PROGRAM FOR GENERAL AND SECTION MEETINGS

The following program is practically complete and the arrangement of the papers will probably remain unchanged. In the April Journal the names of those chosen to open the discussions will appear.

COMMITTEE,

HARRY E. ALDERSON, Chairman,
FITCH C. E. MATTISON,
WALTER V. BREM,
ROBERT A. PEERS, Secretary.

Tuesday Morning, April 16, 1918,

9:00 o'clock.

PRESIDENT'S ADDRESS.

1. CLINICAL ASPECTS OF THE FASTING TREATMENT FOR DIABETES. J. HENRY BARBAT.
 2. THE TREATMENT AND LABORATORY CONTROL OF DIABETES. ALBERT H. ROWE.
 3. METABOLISM IN DIABETES, NEPHRITIS AND CHOLECYSTITIS. LOVELL LANGSTROTH.
 4. THE KARELL CURE REVIVED. LORENA M. BREED.
 5. COMPARATIVE STUDIES IN ESTIMATING ACIDOSIS. NATHANIEL B. POTTER.
- ARTHUR STANLEY GRANGER.

Tuesday Afternoon,

2:00 o'clock.

1. THE PREVALENCE OF STREPTOCOCCAL INFECTIONS. RACHEL ASH.
2. EXPERIMENTAL TYPHOID CARRIERS. K. F. MEYER.
3. RADICAL CURE OF AMEBIASIS WITH COMBINATION OF EMETIN HYDROCHLORIDE AND NEOSALVARSAN OR ALLIED PRODUCTS. HERBERT GUNN.
4. SCHISTOSOMIASIS IN CALIFORNIA. ALFRED C. REED.
5. THE VALUE OF RENAL FUNCTIONAL STUDIES IN THE PROGNOSIS AND TREATMENT OF NEPHRITIS. SAMUEL W. HURWITZ.
6. THE ENFORCEMENT OF THE MEDICAL PRACTICE ACT IN CALIFORNIA SINCE 1912. HARRY E. ALDERSON.

Wednesday Morning, April 17, 1918

9:00 o'clock.

1. VINCENT'S ANGINA WITH A REPORT OF AN UNUSUAL CASE. JOSEPH M. KING.
2. INTESTINAL OBSTRUCTION. HARLAN SHOEMAKER.
3. RECONSTRUCTION OF THE HIP-JOINT. ELLIS W. JONES.
4. BLOOD TRANSFUSIONS, INDICATIONS FOR AND RESULTS. A. H. ZEILER.

5. AUTOGENOUS COLON VACCINES IN TOXIC ECZEMA. JAMES A. JACKSON.

6. PITFALLS IN THE DIAGNOSIS AND TREATMENT OF SENILE HYPERTROPHY OF THE PROSTATE. ITS CONSIDERATION FROM THE GENERAL PRACTITIONER'S STANDPOINT. RAWSON J. PICKARD.

W. B. DAKIN.

Wednesday Afternoon,

2:00 o'clock.

WAR PROGRAM.

1. THE SUPPRESSION AND CONTROL OF VENEREAL DISEASES IN THE ARMY THROUGH MILITARY AND CIVIL CO-OPERATION. COLONEL L. MERVIN MAUS, Medical Corps, U. S. Army, Dept. Surgeon, Western Dept.
2. VENEREAL DISEASE CONTROL IN CALIFORNIA. HARRY G. IRVINE.
3. DISCUSSION OF EXPERIENCES OF MEDICAL ADVISORY BOARD No. 5 (DRAFT REGISTRANTS). GEORGE H. EVANS, HARRY M. SHERMAN, S. H. HURWITZ, FRANK HINMAN.

4. AFTER-TREATMENT AND REHABILITATION OF THE WOUNDED (WITH DEMONSTRATION OF IMPROVISED APPARATUS AND LANTERN SLIDES). LEO ELOESSER.

Thursday Morning, April 18, 1918,

9:00 o'clock.

1. AN ANALYSIS OF THE FIRST TWO HUNDRED CASES STUDIED AT THE SAN DIEGO DIAGNOSTIC GROUP CLINIC. B. J. O'NEILL.
 2. THE DIAGNOSTIC VALUE OF THE LUNG REFLEXES IN PULMONARY TUBERCULOSIS. ROBERT POLLOCK.
 3. THE INTERRELATIONSHIP OF ASTHMA AND PULMONARY TUBERCULOSIS. F. M. POTTENGER.
 4. SYPHILIS OF THE THYROID GLAND—REPORT OF A CASE. PHILIP H. PIERSON.
 5. THE PREVENTION OF CONGENITAL SYPHILIS BY INTENSIVE TREATMENT OF SYPHILITIC MOTHERS DURING PREGNANCY. EDWIN H. SCHNEIDER.
 6. INTESTINAL OBSTRUCTION—CLINICAL AND EXPERIMENTAL OBSERVATIONS. HANS LISSER.
- G. H. WHIPPLE.

Thursday Afternoon,

2:00 o'clock.

1. BLOOD REGENERATION AFTER SIMPLE ANEMIA AS INFLUENCED BY DIETARY FACTORS.

C. W. HOOPER,
G. H. WHIPPLE.

2. A STUDY OF ACHYLIA GASTRICA BY THE FRACTIONAL METHOD.

E. C. FISHBAUGH.

3. BLOOD PRESSURE STUDIES ON 300 NORMAL MEN BETWEEN THE AGES OF 19 AND 33 YEARS.

BERTRAND SMITH.

4. THE PREVENTION OF POST-OPERATIVE GAS PAINS.

W. C. ALVAREZ.

5. PRACTICAL INFANT FEEDING; POINTS WHICH THE GENERAL PRACTITIONER SHOULD KNOW.

LULU H. PETERS.

PROGRAM OF THE SECTION OF OBSTETRICS AND GYNECOLOGY.

Tuesday Afternoon,

2:00 o'clock.

1. THE TREATMENT OF FIBROIDS BY X-RAY.

HENRY J. KREUTZMANN.

2. CESARIAN SECTION, INDICATIONS AND TECHNIQUE.

LYLE G. McNEILE.

3. RESULTS FOLLOWING OPERATIVE TREATMENT OF PELVIC INFLAMMATORY DISEASE IN THE STANFORD UNIVERSITY CLINIC.

JOHN A. SPERRY.

4. CONSTRICTED BLADDER IN WOMEN.

J. CRAIG NEEL.

Wednesday Morning,

9:00 o'clock.

1. ELECTION OF OFFICERS.
2. PUBIOTOMY.

H. A. STEPHENSON.

3. TREATMENT OF INOPERABLE UTERINE CANCER.

FRANK W. LYNCH.

4. RADIUM IN THE TREATMENT OF UTERINE CANCER WITH CASE REPORTS.

REX DUNCAN.

PROGRAM OF UROLOGIC SECTION.

Tuesday Morning, April 16, 1918.

1. THE DIAGNOSTIC SIGNIFICANCE OF TUBERCLE BACILLURIA.

LEWIS M. CHELSEN.

2. THREE CASES OF HEMATURIA TO ILLUSTRATE THE VALUE OF SCIENTIFIC METHODS IN ASCERTAINING THE CAUSATIVE FACTOR.

G. SHEARMAN PETERKIN.

3. GENITO-URINARY DISEASES IN WOMEN.

WM. E. STEVENS.

4. A PLEA FOR A COMPLETE UROLOGIC DIAGNOSIS AT ONE SITTING.

MARTIN KROTOSZYNER.
GEO. W. HARTMAN.**Tuesday Afternoon.**

1. SEMINAL VESICULOTOMY IN THE TREATMENT OF GONORRHEAL RHEUMATISM.

JAMES R. DILLON.

2. SOME EXPERIENCES IN THE TECHNIC, PRE-OPERATIVE AND POST-OPERATIVE TREATMENT OF SUPRAPUBIC PROSTATECTOMY CASES.

HERBERT A. ROSENKRANZ.

3. DIAGNOSIS AND TREATMENT OF GLANDULAR OBSTRUCTION AT THE NECK OF THE BLADDER.

LOUIS CLIVE JACOBS.

4. ULCER OF THE BLADDER.

ARTHUR B. CECIL.

Wednesday Morning, April 17, 1918.

1. DIVERTICULA OF THE URINARY BLADDER WITH SOME ASSOCIATED CLINICAL AND PATHOLOGIC CONDITIONS, ILLUSTRATED BY PYELOGRAMS.

M. MOLONY.

2. EXPERIMENTAL RENAL INFECTION CARRIERS.

KARL FREDERICK MEYER.
FRANK HINMAN.

3. ACUTE AND SUB-ACUTE UNILATERAL INFECTIOUS SURGICAL NEPHRITIS WITHOUT PYURIA FROM THE AFFECTED SIDE.

ROBERT V. DAY.

4. FOCAL RENAL INFECTIONS.

LEON JOSEPH ROTH.

PROVISIONAL PROGRAM OF NEUROLOGIC SECTION.

1. PROGNOSIS AND TREATMENT OF CENTRAL NERVOUS SYSTEM SYPHILIS.

R. W. HARVEY.

2. THE PASSAGE OF DRUGS FROM BLOOD SERUM TO SPINAL FLUID.

H. G. MEHRTENS.

3. PERSONAL EXPERIENCES WITH THE MENTAL RATING TESTS IN ADULT NEUROLOGICAL CASES—WITH CASE REPORTS.

MR. ARTHUR RITTER.

4. SPINAL FLUID FINDINGS IN HERPES ZOSTER.

W. F. SCHALLER.

PROVISIONAL PROGRAM, EYE, EAR, NOSE AND THROAT SECTION.

Symposium on Relation between Pathologic Brain Conditions and Eye, Nose and Throat.

1. OPHTHALMOLOGIC ASPECT.

WM. F. BLAKE.

2. OTO-LARYNGOLOGIC ASPECT.

H. B. GRAHAM.

3. NEUROLOGIC ASPECT.

W. F. SCHALLER.

4. SURGICAL ASPECT.

EMMET RIXFORD.

5. INTRACRANIAL COMPLICATIONS OF DISEASES OF THE EAR, NOSE AND THROAT.

HILL HASTINGS.

1. **TONSILLECTOMY IN SYSTEMIC DISEASES.**
J. A. BACHER.
2. **REPORT OF UNIQUE EYE CASES.**
V. HULEN.
3. **EYE QUALIFICATIONS FOR AVIATION CORPS.**
W. S. FRANKLIN.
1. **TITLE LATER.**
K. PISCHEL.
2. **EAR TESTING BY BARANY METHOD.**
F. A. BURTON.
3. **CLINICAL RESULTS FOLLOWING PROPHYLACTIC TREATMENT WITH SILVER NITRATE FOR BLENNORRHEA NEONATORUM.**
A. B. SPALDING.
4. **NASAL REFRACTURE.**
L. L. STANLEY.
1. **TREATMENT OF DIPHTHERIA CARRIER WITH ESPECIAL REFERENCE TO TONSILLECTOMY.**
F. E. DETLING.
2. **GRANULOMA OF THE LARYNX.**
MACKENZIE BROWN.
3. **A REPORT OF TWO CASES OF SARCOMA OF THE CHOROID.**
B. F. CHURCH.
4. **DRUGS IN RELATION TO EAR, NOSE AND THROAT TREATMENT.**
H. Y. McNAUGHT.

(Continued from Page 138.)

tory conditions, because that is not the subject on which I am desired to speak. In the period antedating the past two years when colloidal silver preparations were used, the wisdom of employing pyelograms in making a differential diagnosis in extensive tumors was open to criticism because it was frequently painful and sometimes dangerous, for the silver solution may act as a decided irritant or a caustic where not drained promptly from the pelvis and its calyces. But such an objection does not now hold, for almost all use solutions of thorium for this purpose, and I have never seen thorium do any harm to the kidney tissue, nor any ill effects follow its use. If there is a tumor like mass in the renal region, palpable, and cystoscopic diagnosis is not clear, a pyelogram showing a normal pelvis and calyces will certainly rule out the assumption of malignant growth. In renal hematuria where it is doubtful whether the condition is a hydronephrosis, a true new growth, an inflammatory condition, or "essential hematuria," pyelograms are very necessary as a diagnostic measure. In polycystic kidneys the pyelogram is very apt to resemble or suggest at times a condition of hydronephrosis and at other times, more particularly where some of the cysts have become infected, that of pyonephrosis. There is nothing about the character of the pelvic deformity which is absolutely diagnostic, but the pictures are of value with the cystoscopic findings and the history.

The first case is an enormous diffuse carcinoma involving practically all of the kidney substance, occurring in a woman of forty who came under my

observation on the first of September, 1915, for primary and secondary syphilis, and who received intensive treatment until May, 1916, when she was cured, because her blood and spinal Wassermann tests became negative and remained so until the time of her death. On September 1, 1916, she called my attention to a lump in her left side which seemed to be an enlarged and hardened spleen; the liver was also enlarged and painful. Naturally, with the history I suspected a luetic origin for these troubles, but there was nothing to indicate it in the blood, nor were there any other signs of lues. The tumor was ascertained to be retro-peritoneal. At the first cystoscopic examination, on September 15, I could not advance a No. 5 catheter more than 2 cm. into the right ureter. Phenolsulphonephthalein appeared on the right side in five minutes and on the left in three minutes. A pyelogram was taken with the cystoscope in place, but evidently the thorium did not pass the obstruction as there was no shadow in the picture. On the 26th of September, I passed No. 4 and 6 bougies up the right ureter to the kidney pelvis without trouble. A No. 5 catheter would not pass. On the third of October I succeeded in passing a No. 6 catheter into the ureter 3 cm. On the ninth of October, I passed a probe pointed No. 6 to the kidney pelvis but without obtaining any urine through it. Only 3 c. c. of thorium solution could be introduced before distention caused very great pain which lasted twenty-four hours, after which she passed a long ureteral clot. The ureter entered the narrow elongated pelvis about the level of the top of the third lumbar vertebra. The pelvis was deformed by being encroached upon in all directions and had lost all semblance to the usual funnel shape. The major calyx of the lower pole was retracted and extended perpendicularly to the longitudinal renal axis, its minor calyces had lost their contour. The superior calyx was also elongated and at its upper end there was a cup-like expansion, the minor calyces had disappeared. These deformities also appear in the kidney specimen. The pelvis and calyces are encroached upon and almost obliterated by the growth. This case well illustrates the rapidity with which a kidney can be destroyed by a neoplasm. At the first cystoscopic examination made I saw two spurts of urine coming from the right side and phthalein showed in five minutes. At the subsequent cystoscopic examination I could not obtain any urine. The tumor which was removed on October 16, showed practically complete destruction of the kidney substance by the infiltrating carcinoma.

The next case is the pyelogram of the left kidney from a man of 59, a patient of Dr. E. C. Moore who gave a history of recurrent attacks of pain in the lower abdomen accompanied by hematuria, lasting about six months. On operation, April 10, 1914, a hypernephroma was found. You will notice the narrowing of the kidney pelvis, the absence, or retraction, of the image of the ureter below the third lumbar vertebra and the elongation and retraction of the caudal major calyx. The minor calyces, two of them, can still

Children's Home Society, 2414 Griffith avenue, Los Angeles.

Catholic Ladies Aid Society, City Hall, Oakland.
Oakland Associated Charities, City Hall, Oakland.

Catholic Humane Bureau, 995 Market street, San Francisco.

Children's Agency of the Associated Charities, 1500 Jackson street, San Francisco.

Eureka Benevolent Society, 436 O'Farrell street, San Francisco.

Native Sons and Daughters Central Committee on Homeless Children, 955 Phelan Building, San Francisco.

3. Each licensee shall use due diligence to prevent the abandonment of children, which is, according to sections 270, 271, and 271a of the Penal Code, a penal offense.

4. A licensee shall not be permitted to advertise that he will procure the adoption of children or to hold out inducements to mothers to part with their offspring.

Records.

1. Every licensee must keep a register wherein he shall enter the name and address of every maternity patient, the date of admission and discharge of every such patient, the name and sex of every child born or boarded on the premises, the date of every such birth, the legitimacy or illegitimacy of every child, the name and residence of the father, the date of removal of the child, the name and address of the person taking away the child, and, if relinquished by the mother, the date of relinquishment, the name and address of the person to whom the child is relinquished, and the reasons therefor; and if adopted, the date of adoption, the name of the person signing the consent to adoption, and the name and address of the person adopting the child. Every admission, discharge, birth, death, relinquishment or adoption must be recorded in the register within forty-eight hours after its occurrence.

2. A semi-annual report, which shall be an exact transcript of this register, shall be made to the State Board of Charities and Corrections, 995 Market street, San Francisco, January 1st and July 1st of each year.

3. Each licensee shall use due diligence to prevent deception by a patient as to her identity and shall not receive any person who refuses to give the required information, unless the case is one of emergency. If a patient does not give the necessary information before the fourth day after her delivery, the licensee shall forthwith notify the State Board of Charities and Corrections.

4. All births and deaths must be reported promptly to the local authorities by the attending physician. (See Political Code, section 3077, and chapter 378, Statutes 1915.)

Inspection.

The proprietor or person in charge of a maternity hospital shall give the inspectors of the State Board of Charities and Corrections all reasonable information and shall afford them every facility for examining the records, inspecting the premises, and seeing the inmates.

Granting and Revoking License.

1. Application for license must be made on blank furnished by the State Board of Charities and Corrections.

2. Every applicant must have the approval of the local board of health or health officer.

3. Every licensee shall frame his license and post it in a conspicuous place in the office or room of his establishment in which his patients are received.

4. The license is the property of the State Board of Charities and Corrections and subject to return on demand.

5. Any neglect or evasion of these rules, or any collusion for their subversion, shall constitute sufficient cause for revocation of the license.

6. Any change of management, location, or

name shall be promptly reported to the State Board of Charities and Corrections.

New Members

Egeberg, J. C., San Francisco.
Mathe, C. P. L., San Francisco.
Heppner, Maurice, San Francisco.
Noel, Myrtle S., San Francisco.
Sherman, Julius, San Francisco.
Warren, H. S., Montague, Cal.
Maroon, J. Luther, Santa Ana, Cal.
Smith, R. M., San Bernardino, Cal.
Durand, C. J., Colfax, Cal.
Fuller, G. E., Chula Vista, Cal.
Allen, Orah Knapp, Vallejo, Cal.
Ginsburg, S. S., Visalia, Cal.
Edwards, Frank A., Los Angeles, Cal.
Hutchinson, Wm. W., Los Angeles, Cal.
Bonhous, Frederick A., Los Angeles, Cal.
Rodi, Charles H., Pasadena, Cal.
Jeancon, Etta C., Los Angeles, Cal.
Hunfreville, D. L., Los Angeles, Cal.
Rogers, Arthur M., Los Angeles, Cal.
Heaney, Harold Robert, San Francisco.
Welpton, Martha, San Diego, Cal.
Maxwell, Alice Freeland, San Francisco, Cal.
Gilliland, A. B., Cottonwood, Cal.
Bennett, E. L., Fresno, Cal.
Murayama, M., Fresno, Cal.
Robinson, J. H., Selma, Cal.
Scarborough, A. O., Fresno.
Walker, G. W., Fresno.
Soboslay, J., San Francisco.
Haven, Maude Noble, San Francisco, Cal.
Layman, Mary H., San Francisco, Cal.
Rose, Homer De Witt, Groveland, Cal.

Transferred

Rogers, J. B., Napa.
Farmer, Jessie C., Santa Cruz.
Ellsworth, A. D., Fresno.
Griffin, Alonzo P., Ferndale.

Deaths

Word has been received as we go to press of the death of Dr. F. Dudley Tait, of San Francisco. An obituary will appear in the next number.

Hervey, Chas. H., of San Jose: Eclectic Med. Inst., Ohio, '84; died in January, 1918.

Buell, Wm. E., who was Chief Surgeon at the Union Iron Works, San Francisco, Cal., was shot and killed while in the performance of his duties, on Feb. 4, 1918; he was a graduate of the College of Physicians and Surgeons, S. F.

Taylor-Goodman, Dr. Cecelia W., of San Diego, Cal.; Univ. of Michigan, '80; born July 17, 1859; died Jan. 27, 1918.

Chamberlain, Nelson H., of Oakland, Cal.; Med. Dept. Univ. of Michigan, '92; died in Chicago, Illinois Jan. 21, 1918; cause, apoplexy.

Posey, Addison C., of Oakland, Cal.; Kentucky School of Med., Ky., '75; died in Hanford, June 1, 1917, age 65; cause of death, valvular heart trouble.

Smith, Everett Russell, of Los Angeles, Cal.; Rush Med. Coll., '73; died Nov. 17, 1917, in South Pasadena, Cal.; cause, myocarditis.

Thomas, Frank W., of Claremont, Cal.; Starling Med. Coll., Ohio, '80; died Jan. 12, 1918. He was a member of the State Society and Councilor for the Los Angeles County Society, Pomona branch.

Swan, Benjamin R., of San Francisco, Cal.; Coll. Phys. and Surg., New York City, N. Y., '68; died Jan. 28, 1918, age 80.

Ehrlich, D. O. J., of Oakland Cal.; died in San Francisco, Cal., Jan. 23, 1918.

Garlick, P. G., of San Francisco; died Jan. 22, 1918, age 42. He was a graduate of the Hahnemann Hosp. Coll. of the Pacific, '03.

Silva, M. S. de, of Sacramento, Cal.; Coll. Phys. & Surg., San Francisco; died at his home, Jan. 19, 1918, age 55.

Shattuck, Alvin; died in Los Angeles, Cal., Jan. 28, 1918.